

Preface

UN Millennium Development Goals (MDGs) identified eight major goals for addressing development perspectives in the new millennium. These goals were targeted to be achieved by the end of 2015. Apart from reducing poverty, inequality, promoting gender equality and empowering women, ensuring environmental sustainability; reducing child mortality, improving maternal health and halting the spread of HIV/AIDS are also very important goals under health and healthcare which are important components of human development.

Despite progress in several dimensions, hunger, malnutrition and starvation deaths are common in many parts of the world, particularly in a number of countries in Asia and Sub-Saharan Africa. Health still remains a critical issue and without proper health human resource development remain incomplete, which is crucial for the overall progress of any country. Proportion of underweight children in India has come down from 43% in 1998–1999 to only 40% in 2005–2006. This proportion, for the children below 3 years, was expected to reach about 33% by 2015. In this respect, discrimination between men and women is also prevalent in India. Moreover, there is also substantial spatial variation in the achievement of nutritional intake. Some states have prevalence of underweight children above the national average. These states are namely Madhya Pradesh (57.9%), Bihar (54.9%), Jharkhand (54.6%), Chhattisgarh (47.8%), Meghalaya (42.9%), UP (41.6%) and even economically vibrant Gujarat (41.1%). Thus, despite several efforts undertaken, it remains a challenge to achieve the target. The trend shows that Maternal Mortality Rate (MMR) would have come down to 140 per lakh population, which was above 31 points of the targeted figure of 2015. Also, in terms of infant mortality rate, India may be behind the target by 27 points in 2015. Several cases of malaria, incidences of malnutrition and work-related hazards have been observed all over the country and that is also prevalent in North-Eastern region of India.

Nutritional intake, which is directly related to the economic status and socio-economic relationship matters for the human development and performance of the workers in various sectors and that in turn affect nutritional intake through income. In many societies, nutritional intake of women and girl children is

comparatively poorer than that of men or boys. Also, it reflects an aspect of deprivation of women in the society.

From the above discussion, it is clear that we could not achieve the MDGs in all targets and there are also significant spatial variations in healthcare, nutritional intake, healthcare infrastructure, etc. Thus it is high time, we review our achievements and lapses incurred in comparison with the targets of the MDGs.

Shillong, India
Kolkata, India
Kolkata, India

Utpal Kumar De
Manoranjan Pal
Premananda Bharati



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